

Brighton Police Department Victim Services Volunteer Application

First Name Last Name

Address.....City/State/Zip.....

Telephone Home.....Cell.....Work.....

Social Security #.....Date of Birth

Personal Information (please check correct response):

Physical Limitations: ____ No ____ Yes (Please Explain).....

Education (highest level completed) please check correct response

Grades __ 1-12 __ GED __ College __ Graduate School __ Technical/Vocational

Most recent employer

List previous volunteer experience

Have you been asked to resign from any previous employment or volunteer position in the last 3 years? ____ No ____ Yes (Please Explain)

Do you have a valid Colorado Operator's License? License #.....Expiration Date.....

Restrictions.....Have you ever had your driver's license suspended or revoked?.....

What type of vehicle insurance do you carry?.....Policy #.....

Languages other than English Fluent Read Write

1.....

2.....

Volunteer availability: (check all applicable)

Shifts are for 12 hours ____ 6:00am – 6:00pm Shift ____ 6:00pm – 6:00am Shift ____ No Preference

__ Sunday __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday __ No Preference

In a case of an emergency, notify:

First Name Last Name.....

Address.....

City/State/Zip. Telephone.....

Have you ever been convicted of a misdemeanor or a felony? Yes____ No____

Have you ever been charged or convicted of a charge involving Domestic Violence? Yes____ No____

Please mark all that apply to you in regards to your previous/current drug use: ____ Marijuana use in the last 5 years

____ Use marijuana longer than 5 years ago ____ Other illegal drugs (not including LSD or Marijuana) longer than 5 years

ago ____ LSD ____ **Never used any illegal drugs**